

Timesheet

Month:

Contractor Name:

Position:

Client Name:

Client Contact Number:



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Date	Client Site (if required)	Basic Hours	Overtime Hours	Total Hours (or Days)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total Hours worked:				

CONTRACTOR DECLARATION

I hereby confirm that this is a true record of the hours worked.

Signed:

Date:

CLIENT DECLARATION

I hereby agree that this is a true record of the hours worked and that I am authorised to sign on behalf of the Client.
Payment for these hours will be made as agreed by the terms of the contract.

Signed:

Date:

Position:

